

Circuit Court for _____ Case No. _____
City or County

Name _____
Street Address _____ Apt. # _____
City _____ State _____ Zip Code _____ Area Code _____ Telephone _____

VS.

Name _____
Street Address _____ Apt. # _____
City _____ State _____ Zip Code _____ Area Code _____ Telephone _____

Plaintiff

Defendant

COMPLAINT FOR CHILD SUPPORT
(DOM REL 1)

I, _____, representing myself, state that:
My name

1. I am the mother father or _____
Relationship (for example, aunt, grandfather, guardian, etc.)
of the following minor child(ren) or adult disabled child(ren):

_____ Name	_____ Date of Birth	_____ Name	_____ Date of Birth
_____ Name	_____ Date of Birth	_____ Name	_____ Date of Birth

2. The child(ren) lives(s) at _____
Address
with _____
Name

3. _____ is the mother father of the child(ren) and (check all that apply):
The Opposing Party

- is not making child support payments.
- is not making regular child support payments.
- is not making child support payments in an amount required by the Maryland Child Support Guidelines.
- is making child support payments, but I need an Earnings Withholding Order.

FOR THESE REASONS, I request the Court (check all that apply):

- Order _____ to pay child support in an amount required by
Name
the Maryland Child Support Guidelines.
- Order child support to be paid by earnings withholding order through the local support enforcement agency.
- Order _____ to provide health insurance for the child(ren).
Name
- Order any other appropriate relief, including support arrearages, if appropriate, from the date of filing.

Date Signature

IMPORTANT: YOU MUST COMPLETE AND FILE A FINANCIAL STATEMENT WITH THIS FORM
(Use Form DOM REL 30 or DOM REL 31)